

PACIFIC REGIONAL MEDICAL COMMAND INSPECTOR GENERAL

Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition)

22-26 June 2009

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Executive Summary

- 1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards to be used across the Department of Defense (DoD) when inspecting for facilities housing Warriors in Transition (WT). These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Section 1662, Access of Recovering Service Members to Adequate Outpatient Residential Facilities, was enacted requiring Regional Medical Command (RMC) Inspectors Generals (IGs) to conduct semi-annual inspections of all WT housing for the first two years and annually thereafter. There was no special interest item requirement during this third semi-annual inspection of WT housing facilities. The Pacific Regional Medical Command Inspector General (PRMC IG) led the team of PRMC inspectors to include a subject matter expert from safety. The results of this inspection will be provided to the Senior Commander, Installation Management Command-Pacific (IMCOM-PAC), the PRMC Commander, the US Army Medical Command (USA MEDCOM), the Secretary of the Army, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees. Finally, the final inspection report will be posted on the respective RMC Internet website. The Commanding General, USA MEDCOM, 06 April 2009 memorandum directed Commanders of RMCs to issue a directive to their IGs to conduct the "Special Inspection of Facilities Used to House Recovering Service Members." On 14 April 2009, the PRMC Commander issued the directive to PRMC IG to conduct and evaluate the standards of the facilities used to house WT at the RMC, Hawaii. On 22-26 June 2009, the PRMC IG inspection team completed its third semi-annual inspection of WT barracks, lodging facilities, and all the government-owned or leased housing units used by WT in Oahu.
- 2. Purpose. The purpose of this inspection was to assess the condition and adequacy of facilities used to house recovering service members assigned to Warrior Transition Units (WTUs).
- 3. Concept. The concept of this inspection was to determine the effectiveness of the Armed Forces Housing Facilities for WT using the baseline standards as outlined in DEPSECDEF 18 September 2007 memorandum in the proper housing of WT personnel and report on the adequacy of those facilities in the PRMC and tenant units.
- 4. Objective. Assess the condition and adequacy of housing facilities used to house WT as outlined in Memorandum, DEPSECDEF, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- 5. Special Interest Item. None.
- 6. Summary of Findings, Observations, and Recommendations. The inspection team inspected three different types of facilities (barracks, lodging, and government-owned/leased housing) with results of three findings and five observations. There were no WT personnel residing in Fort Shafter, Fisher Houses or Tripler Lodging.
- a. Findings: Some fire sprinkler heads metal rings were missing and 15% of smoke alarms were inoperable, tampered with, removed or not being maintained by occupants. **These are repeat findings since the last two semi-annual inspections.** The third finding was the unsafe

condition in the barracks created by contractors through improper disposal of discarded building materials by leaving them in the aisles/passageways which posed a safety hazard to WT personnel. There were no findings relating to room or housing assignment of WT personnel in WTB barracks, in lodging, and in government-owned or leased housing units.

- b. Observations: There were five observations based on the objective. Most of the rooms in the barracks were dirty which continued to be the trend since the last two semi-annual inspections. A few rooms in the barracks had prescription medications with no secure lockbox. New refrigerators in the barracks did not fit with the existing room layout. Maintenance work orders were not submitted by WT personnel in most barracks and housing deficiencies.
- c. Recommendations: Teaching and training were extended to WT personnel throughout the inspection. The WTB command should coordinate with the PRMC Safety Officer, Installation Command and the Department of Public Works (DPW) to assess and correct the missing fire sprinkler heads metal rings and the inoperable or damaged smoke detectors/alarms. The WTB command (e.g., squad leaders, first sergeants) should reinforce the responsibilities to WT personnel by incorporating in their periodic weekly inspections and in their barracks in- and outprocessing checklists in order to strengthen the cleanliness and maintenance standards. The enforcement of inspection standards will directly facilitate the placement of timely work order requests and safeguard prescription medications. The WTB command reply to the Inspector General findings and observations within 60 days.

Chapter 1 - Objective and Methodology

- 1. Objective (Reference Appendix A Directive). Assess the condition and adequacy of housing facilities used to house WT as outlined in Memorandum, DEPSECDEF, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- 2. Inspection Team. The inspection team consisted of the PRMC Command IG, two PRMC Assistant IGs and the PRMC Safety Officer.
- 3. Methodology.
- a. Observation. The PRMC inspection team coordinated with the Senior Mission Commander's Representative, garrison, WTB Commander and other pertinent staff members (e.g., S-4/Logistics, 8th TSC). The team visited a total of 154 WT quarters from three different facilities (barracks, billeting, and government housing). Ninety-eight WT personnel reside in WT barracks, one WT resides in lodging, and 55 WT reside in government-owned or leased housing units.
- b. Document Review. The inspection team reviewed open work orders since the last inspection.
- c. Interviews. The inspection team conducted direct and telephonic interviews focused specifically to gain feedback on work order response and overall housing satisfaction.
- d. Surveys. WT personnel residing in the barracks, in lodging, and in government-owned or leased housing units were surveyed for overall satisfaction, such as the general condition and work order response on their quarters. Twelve WT personnel were not present during this inspection but six were able to respond telephonically with the survey.
- 4. Locations Visited. The inspection team visited the following facilities to determine compliance with DEPSECDEF Memorandum of 18 September 2007:

Housing Location

- (1) Aliamanu Military Reservation (AMR)
- (2) Helemano Military Reservation (HMR)
- (3) Navy Housing (Lodging & Pearl City)
- (4) Schofield Barracks
- (5) Tripler Housing
- (6) Wheeler Army Air Field
- 5. Finding/Observation Format.
- a. Where a violation of a published standard, policy, law or regulation existed, a Finding Statement was developed and is addressed in the following format:

Finding statement Standard(s)

Root Cause Discussion Recommendation

b. Where there was no violation of a published standard, policy, law or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

Observation statement Standard(s), if applicable Discussion Recommendation

6. In the report, quantitative terms, such as "few, some, majority, and most" are used to describe percentile ranges of quarters/barracks rooms inspected linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-100%

Chapter 2 - Good News

- 1. Most rooms in the barracks received new sets of furniture.
- 2. Individual air-conditioning controls are currently under installation in each room in the barracks.
- 3. Charge of Quarters (CQ) has been implemented in the barracks.

Chapter 3 - Findings and Observations

Objective 1: Assess the condition and adequacy of housing facilities used to house WT as outlined in Memorandum, DEPSECDEF, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding 1.1: Some rooms had missing fire sprinkler heads metal rings (escutcheons). This is a repeat finding since the last semi-annual inspection.

Standards: National Fire Protection Association (NFPA) 13-28, *Installation of Sprinkler Systems*, 2007 edition, Chapter 6, paragraph 6.2.7.2 states "Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly." DoD, Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*, paragraph 1-3.1, states "Existing facilities must meet the requirement of NFPA 101, *Life Safety Code*, for existing occupancies."

Root Cause: WTU personnel failed to identify and report the missing fire sprinkler heads metal rings to DPW or garrison.

Discussion: WTB personnel, squad leaders or first sergeants should enforce the standards and responsibilities to WT personnel in the proper maintenance and prompt reporting of missing sprinkler heads metal rings to DPW. The water spray pattern could be disrupted if the sprinkler head has a missing metal ring.

Recommendations: Garrison and WTB personnel should enforce the standards in the proper care, maintenance and reporting of missing sprinkler heads metal rings. Squad leaders or first sergeants incorporate in their weekly inspection and in their barracks in- and out-processing checklists the standards and prompt reporting of fire sprinkler deficiency. WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.

Finding 1.2: Few rooms had missing, faulty or malfunctioned fire alarm detectors. This is a repeat finding since the last semi-annual inspection.

Standards: NFPA 72-92, *National Fire Alarm Code*, 2007 edition, Chapter 10, paragraph 10.2.2.1 states that "The property or building owner or the owner's designated representative shall be responsible for inspection, testing, and maintenance of the system and for alterations or additions to this system." Additionally, DoD UFC 3-600-01, paragraph 1-3.1, states "Existing facilities must meet the requirement of NFPA 101, *Life Safety Code*, for existing occupancies."

Root Cause: WT personnel failed to identify, report, and submit work orders on defective or inoperable smoke alarm detectors.

Discussion: Few occupants in the barracks had tampered with or failed to maintain smoke alarms/detectors. WTB personnel, squad leaders or first sergeants should consistently enforce the standards and responsibilities to WT personnel in the proper maintenance and reporting of inoperable smoke alarm detectors to DPW or garrison.



Recommendations: Squad leaders or first sergeants incorporate in their weekly inspection and in their barracks in- and out-processing checklists the standards and prompt reporting of defective or faulty smoke alarms. WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.

Finding 1.3: Few rooms in the barracks had discarded building materials left in the aisles or passageways by contractors which posed a safety hazard to WT personnel.

Standards: Code of Federal Regulation (CFR) 29, Chapter 17, Section 1910.22, (a) states "*Housekeeping.* (1) All places of employment, passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition. (b) *Aisles and passageways.* (1) Aisles and passageways shall be kept clear and in good repairs, with no obstruction across or in aisles that could create a hazard."

Root Cause: Contractors were not properly disposing discarded building materials taken directly from the ceiling while working under the presence of WT personnel.

Discussion: Contractors, garrison, and WTB personnel failed to identify and observe the presence of safety hazards within the areas under construction. The discarded building materials were directly disposed of from the ceiling which posed a hazard to WT personnel. The discarded building materials from the old air-conditioning unit should have been bagged and carefully removed from the aisles and passageways for the safety of contractors and WT personnel.

Recommendations: WTB personnel, garrison, and contractors should observe and enforce the safety standards when working around the presence of WT personnel. Contractors should bag or secure discarded building materials and clear aisles or passageways from debris.

Observation 1.1: The Warrior Transition Units (WTUs) continue to provide adequate room or housing assignments of WT personnel in the barracks, in lodging, and in government-owned or leased housing units.

Discussion: Housing assignments of WT personnel in the barracks, in lodging, and in government-owned or leased housing met the established standards as outlined in DEPSECDEF 18 September 2007 memorandum.

Recommendation: WTB maintain the standards in the efficient and appropriate housing assignments of WT personnel.

Observation 1.2: The overall condition of the barracks and housing units were good. Most maintenance work orders were not submitted to DPW or Housing Office for repair.

Discussion: Most rooms in the barracks need cleaning. Observations indicated that WT personnel were not adequately cleaning rooms and squad leaders were not enforcing the maintenance and housekeeping standards. Few rooms in the barracks need some minor repairs such as broken

cabinet doors and replacement of drain plugs. Overall satisfaction with family housing was 8 out of 10 (with 10 as the highest customer satisfaction) and the team assessment mode was good.

Recommendations: Garrison and WTB personnel should enforce the barracks check-in and check-out checklists to enhance proper maintenance and housekeeping standards, IAW AR 420-1, *Army Facilities Management*, paragraph 3-19 and Figure 3-1. WTB personnel ensure recovering service members submit work orders in a timely manner.

Observation 1.3: Few rooms had prescription medications that could have been stored more securely (repeat observation) and one room had a long knife.

Discussion: Few WT personnel were not using their issued medication lockboxes in storing their controlled medications. Few rooms with controlled medications were not equipped with lockboxes. The long knife should have been secured IAW the local policy.

Recommendation: WTB remain vigilant for proper storage of controlled medications and secure knives IAW WTB standard operating procedure.

Observation 1.4: New refrigerators in the barracks do not fit the existing refrigerator space layout resulting in light switch being blocked and reduced room space for residents.

Discussion: Garrison/DPW will look into removing the shelves from the existing refrigerator space in each room in order to fit the new refrigerators. The Schofield Housing Business Operations Division looked into the situation and indicated that they will modify the existing space at no additional cost to WTB.

Recommendation: Garrison/DPW proceeds with their feasibility study or with their plan in modifying the existing space layout to fit the new refrigerators.

Observation 1.5: Forty-seven out of 55 government-leased or owned housing units were new. Most WT occupants failed to identify the deficiencies within their room/housing unit.

Discussion: Most WT personnel were pleased with the condition and the amenities in their new housing unit.

Recommendation: WTB leadership continues to encourage WT residents in promptly submitting repair work orders on their unit.

Special Interest Item. None.

Appendix A - Directive



DEPARTMENT OF THE ARMY HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER 1 JARRETT WHITE ROAD 1 TRIPLER AMC, HAWAII 96859-5000

MCHK-CG

14 April 2009

MEMORANDUM FOR The Inspector General, Pacific Regional Medical Command

SUBJECT: Directive for Special Inspection of Armed Forces Housing Facilities of Warriors in Transition, 22-26 June 2009, IAW National Defense Authorization Act 2008, Public Law 110-181, Section 1662 dated 28 January 2008

- 1. You are directed to evaluate the effectiveness of the Anned Forces Housing Facilities of Warriors in Transition Program in the Pacific Regional Medical Command at Schofield Barracks, Hawaii.
- 2. Submit your report to me as soon as possible, but protect the rights of all persons involved and ensure the inspection is complete and accurate.



Appendix B - Detailed Standards List

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DEPUTY SECRETARY OF DEFENSE 1010 DEFENSE PENTAGON WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS

UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY AND LOGISTICS ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint DoD/DVA committee, met and approved the following policy changes on August 28, 2007.

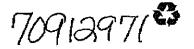
Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for conducting the inspections required by section 3307 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under Secretary of Defense for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.



Attachment: As stated





HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL

1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting that medical hold personnel who have "serious physical disabilities" or that are the "direct result of armed conflict." have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

¹ For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

² For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while intermed as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home. MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade - unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hezard.

<u>Kitchens</u>

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Fumishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

<u>Parking</u>

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deliciency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.

10. FEEDBACK AND UPDATES

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

The Military Departments have the authority to Issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.

Appendix B - Detailed Standards List (Continued)

Army Regulation (AR) 420-1, *Army Facilities Management*, paragraph 3-19 and Figure 3-1. Under 10 USC 2775, as implemented in AR 735-5, a Soldier is liable to the United States for damage to any assigned housing and related equipment or furnishings, if the damage is caused by the Soldier's abuse or negligence. The term "assigned housing" means both family and unaccompanied personnel housing.

Code of Federal Regulation 29, Chapter 17, Section 1910.22(a), states "Housekeeping. (1) All places of employment, passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition."

Department of Defense (DoD), Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, Fire Protection Engineering for Facilities, paragraph 1-3.1, states "Existing facilities must meet the requirement of NFPA 101, Life Safety Code, for existing occupancies."

Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

National Fire Protection Association (NFPA) 13-28, *Installation of Sprinkler Systems*, 2007 edition, paragraph 6.2.7.2, states, "Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly."

NFPA 72-92, *National Fire Alarm Code*, 2007 edition, paragraph 10.2.2.1, states, "The property or building owner or the owner's designated representative shall be responsible for inspection, testing, and maintenance of the system and for alterations or additions to this system."

Appendix E - Acronym List

ADA - American with Disabilities Act

CSM - Command Sergeant Major

DoD - Department of Defense

DPW - Department of Public Works

NFPA - National Fire Protection Association

PRMC - Pacific Regional Medical Command

RMC - Regional Medical Command

SMC - Senior Mission Commander

TSC - Theater Sustainment Command

UFC - Unified Facilities Criteria

WT - Warriors in Transition

WTB - Warrior Transition Battalion

WTU - Warrior Transition Unit

Appendix F - References

- 1. AR 420-1, Army Facilities Management, paragraph 3-19 and Figure 3-1.
- 2. Code of Federal Regulation 29, Chapter 17, Section 1910.22(a), states "Housekeeping. (1) All places of employment, passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition."
- 3. Department of Defense Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, Fire Protection Engineering for Facilities.
- 4. Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- 5. National Fire Protection Association (NFPA) 13-28, Installation of Sprinkler Systems, 2007 edition.
- 6. NFPA 72-92, National Fire Alarm Code, 2007 edition.